

**Utah § 1915(b) Program
Prepaid Mental Health Program**

FACT SHEET

Name of 1915(b) Program:	Prepaid Mental Health Program
Initial Approval:	July 1, 1991
Initial Implementation:	July 1, 1991
Most Recent Amendment:	October 29, 2004
Current Renewal Request	October 4, 2005
Renewal Approval	N/A
Scheduled Expiration Date:	December 31, 2005

SUMMARY

Since July 1, 1991, Utah has had approval from the Centers for Medicare & Medicaid Services (CMS) to operate this prepaid mental health program in selected areas of the State as a 1915(b) freedom-of-choice waiver. The waiver further relies on the authorities found in sections 1915(b)(1), 1915(b)(4), 1902(a)(1), and 1902(a)(23) of the Social Security Act (the Act). The objectives of the Utah Prepaid Mental Health Plan (PMHP) are to reduce mental health services costs by promoting psychiatric care in the most appropriate setting, encourage the delivery of coordinated mental health care, and to improve the quality and outcome of general mental health care for all beneficiaries.

The State automatically enrolls all Medicaid beneficiaries into this program. The model is structured such that beneficiaries receive mental health services from managed care providers in their respective catchment areas. Under this arrangement, beneficiaries are served by a network of service providers in eight community mental health centers located throughout the State.

On October 4, 2005, the State submitted a request to renew the authority for operating this waiver. That request is currently under review by the Federal Team.

TARGET POPULATION/ELIGIBILITY

Children
Adults
Elderly
Persons with Disabilities

NUMBER OF INDIVIDUALS SERVED

161,566

BENEFIT PACKAGE

The services covered under this program include mental health-related inpatient, outpatient, and physician services, community mental health and mental health targeted case management services, mental health evaluation, psychological testing, individual and group mental health therapy, individual and group behavior management; medication management, skills

development services, targeted case management for chronically mentally ill adults and seriously emotionally disturbed children who need case management services, and transportation to needed mental health services. Emergency services are not restricted under the waiver.

COST SHARING

There is no cost sharing under this waiver

ENROLLMENT LIMIT/CAP

No limitations on enrollment.

DELIVERY SYSTEM

Utah PMHP utilizes the managed care model to furnish mental health services to the enrollees.

QUALITY ASSURANCE

The program is monitored on regular intervals by CMS. The State of Utah adheres to the quality improvement requirements in the Medicaid Managed Care regulations (MMC), and requires all the prepaid independent health plans and providers to meet these standards. The program also receives continuous feedback from enrollees of this program directly and through a “Consumer Council,” which was created for that purpose by the Utah Department of Mental Health. The State provides on-going quality technical assistance to the plans to further improve their services to the enrollees.

MODIFICATIONS/AMENDMENTS

On June 3, 2003, the State of Utah applied to CMS for an amendment, relative to assessing compliance with MMC regulations. CMS found the program in compliance with the MMC regulations. On February 26 2004, the State submitted another amendment application to expand the number of services available to the beneficiaries. The amendment, which was approved on May 25, 2004, allows the State to add 1915(b)(3) authority in order to provide these services: Psych-educational Services--educational and vocational skills that contribute in accelerating rehabilitation. Personal care services--services structure to decrease reliance on others for a more independent living in the community. Respite care services--intended to provide temporary relief to parents of children with serious emotional disorders by having therapists engage the children in activities designed to improve cognitive and behavioral functioning. Supportive Living--designed to provide services to beneficiaries in residential settings so as to avoid expensive inpatient hospitalization.

On August 3, 2004, the State submitted a replacement for page 9 of the 2003 waiver application. The amendment corrects page 9 in the 2003 renewal application, and clarifies that enrollees of UNIHOMe program and children in state-subsidized adoption programs do not receive mental health services through the PMHP program. The amendment was approved on October 29, 2004.

CONTACT

For additional information please contact the CMS Project Officer – Gregg Ukaegbu at 410-786-5133, or gukaegbu@cms.hhs.gov.

Last Updated: 10/05/05